| OMB No. 1545-0008 | | |
|--|-----------------------------------|--------------------------------|
| d Control Number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 177822.99 | 26318.47 |
| b Employer identification number (EIN) | 3 Social security wages | 4 Social security tax withheld |
| 94-3320693 | 160200.00 | 9932.40 |
| a Employee's social security number | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 029-47-4599 | 185024.35 | 2682.85 |

Employer's name, address and ZIP code SALESFORCE, INC.
 SALESFORCE TOWER
 415 MISSION STREET, 3RD FLOOR SAN FRANCISCO CA 94105

7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 g C 396.17 12b ⁹ 2 13 Statutory employee 12c 12d ode 7201.36 g DD 22423.96 Third-party sick pay Retirement 14 Othe plan Х e Employee's name, address and ZIP code SRIKAR BANKURU

332 TACOMA PL NE

RENTON WASHINGTON 98056

| | 15 State Employer's state I.D. no. 16 State wages, tips, etc. | | | | | | | | |
|--|---|----------------------------|--|--|--|--|--|--|--|
| [፤] W-2 | | | | | | | | | |
| Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) This information is being furnished to the Internal Revenue Service. If you are required | 17 State income tax | 18 Local wages, tips, etc. | | | | | | | |
| to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Department of the Treasury – Internal Revenue Service | | | | | | | | | |

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415 MISSION STREET, 3RD FLOOR SAN FRANCISCO CA 94105

| 7 Social security tips | | | 8 Allocated tips | | | 9 | |
|--|---------------------------|-------------------------|--|---------|----|-------------|---------------------|
| 10 Dependent care benefits | | | 11 Nonqualified | plans | | 12a 90 C | 396.17 |
| ^{12b} 8 D | 720 | 01.36 | ^{12c} 중 DD | 22423.9 | 96 | 12d 900 | |
| 13 Statutory employee | Retirement plan X | Third-party sick pay | 14 Other | | | | |
| e Employee's SRIKAR 332 TA(RENTON | COMA PI | NE | ^{de} 98056 | | | | |
| 202 | 3 ^{15 SI} | tate Employer | r's state I.D. no. | | | 16 Stat | e wages, tips, etc. |
| ™ W-2 | 2 | | | | | | |
| Wage and Ta Copy 2 - To E Employee's S Local Income | Be Filed W State, City | ith or rn. | 7 State income tax 9 Local income tax | | | ocal wag | ame |
| Department of the Internal Revenue S | Treasury – ervice | | | | | | |

OMB No. 1545-0008

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|--|-----------------------------------|--------------------------------|--|--|
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| 029-47-4599 | 185024.35 | 2682.85 | | |

Employer's name, address and ZIP code SALESFORCE, INC.
 SALESFORCE TOWER
 415 MISSION STREET, 3RD FLOOR SAN FRANCISCO CA 94105

| 7 Social security tips | | | 8 Allocated tips | | 9 | 9 | | |
|---|--------------------|-------------------------|-----------------------|----------|-------------|---------------------------------------|--|--|
| 10 Dependent care benefits | | | 11 Nonqualified plans | | 12a 90 C | See instructions for box 12 396.17 | | |
| 12b g D | 720 | 01.36 | 12c gDD | 22423.96 | 12d 900 | | | |
| 13 Statutory employee | Retirement plan | Third-party sick pay | 14 Other | | | | | |
| | Х | | | | | | | |
| e Employee's name, address and ZIP code | | | | | | | | |

332 TACOMA PL NE

RENTON WASHINGTON 98056

| 2023 | 15 State Employ | yer's state I.D. no. | 16 State wages, tips, etc. | | |
|---|-----------------|-----------------------------------|--------------------------------|--|--|
| ₫ W-2 | | | | | |
| Wage and Tax Sta | tement | 17 State income tax | 18 Local wages, tips, etc. | | |
| Copy B - To Be Fi Employee's FEDE Return. | | | | | |
| This information is being furnished to the Internal Revenue Service. | | 19 Local income tax | 20 Locality name | | |
| Department of the Treasury – Internal Revenue Service | | | | | |
| OMB No. 1545-0008 | | | | | |
| d Control Number | | 1 Wages, tips, other compensation | 2 Federal income tax withheld | | |
| | | 177822.9 | 9 26318.47 | | |
| b Employer identification number (EIN) | | 3 Social security wages | 4 Social security tax withheld | | |
| 94-332 | 0693 | 160200.0 | 9932.40 | | |
| a Employee's social se | curity number | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 029-47- | 1000 | 185024.3 | 5 2682.85 | | |
| | | | | | |

c Employer's name, address and ZIF SALESFORCE, INC. SALESFORCE TOWER

415 MISSION STREET, 3RD FLOOR SAN FRANCISCO CA 94105

| 7 Social security tips | | 8 Allocated tips | | 9 | | | | | | |
|--------------------------|------------------------|-------------------------|---------|-------------|--------|----|--------|---|--------|---|
| 10 Dependent | care benefits | | 11 None | qualified p | olans | | 12a | | | |
| | | | | | | | D Code | | 396.17 | / |
| 12b | | | 12c | | | | 12d | | | _ |
| [®] D | 720 | 01.36 | gDD | | 22423. | 96 | Code | 1 | | |
| 13 Statutory employee | Retirement plan | Third-party sick pay | 14 Othe | r | | | | | | |
| | Х | | | | | | | | | |
| | name, addres BANKUF | U | e | | | | | | | |

332 TACOMA PL NE

RENTON WASHINGTON 98056

| 5053 | 15 Stat | e Emplo | yer's state I.D. no. | 16 State wages, tips, etc. | | |
|---|---------|---------------------|----------------------|----------------------------|-------------------------|--|
| ₫ W-2 | | | | | | |
| Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. | | h or | 17 State income tax | 18 | ∟ocal wages, tips, etc. | |
| | | 19 Local income tax | 20 1 | _ocality name | | |
| | | | | | | |

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for an you redit. Earned income credit (EC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is more than the specified amount for 2023 information, visit www.irs.gov/EIC. See also Pub. 556. Amy EIC that is more than your tax liability is refunded to you, but on vif you file a tax return.

Employee's social security number (SSN). For your

protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA). Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517. Corrections. If your name. SSN, or address is incorrect. correct

Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at .gov. Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable. Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax.

See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return. Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959. Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare wages and tips any of those Medicare wages and tips above \$200,000. Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if its more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2414. IBox 11. This amount is (a) reported in box 1 if its a distribution made to you from a nonqualified or section 425 (balance) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified to section 457(b) plan, or to). This box shouldn't be used if your right to the deferred amount. This box shouldn't be used if your had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, your employer should file Form SSA-131. Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Instructions for Employee (Continued)

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; 252,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

Nowever, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(K)(11) and 408(p) SIME Epians). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions. Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. A—Incollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. B—Uncollected no cidal socian 401(k) cash or deferred limit and arrangement. Also includes to a socion 4010(k) cash or deferred limit arrangement. Also includes defarrats under a SIMPLE retirement account that is part of a section 401(k) and rangement. E—Elective deferrals under a section 401(k) any reduction agreement the deferrals under a section 401(k) any reduction agreement the deferrals under a section 401(k) any reduction agreement the deferrals under a section 401(k) any reduction agreement the section 403(b) salay reduction agreement the section 403(b) salay reduction agreement the section 403(b) salay reduction agreement the section 405(b) salay reduction agreement the secti

section 40 (IK) arrangement. E—Elective deferrats under a section 403(b) salary reduction agreement F—Elective deferrats under a section 403(b) (si) salary reduction SEP G—Elective deferrats and employer contributions (including nonelective deferrats to a section 457(b) deferred compensation plan H—Elective deferrats to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. J—Nontaxable sick pay (information only, not included in box 1, 3, or 5) R—20% excises tax on excess golden parachute payments. See the Form 1040 instructions. L—Substantiated employee business expense reimbursements (nontraxable) M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. N—Locollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions to detaict J. S. Armed Forces (not inducted in box 1, 3, or 5) Q—Nontaxable socies (not inducted in box 1, 3, or 5) Q—Nontaxable socies (not inducted in box 1, 3, or 5) Q—Nontaxable of the U.S. Armed Forces (not inducted in box 1, 3, or 5) Q—Nontaxable (SA) (former infic) the anount, R—Employee contributions to your Archer MSA. Report on Form 8653.

compensation plan that fails to satisfy section 409A. This amour is also included in box 1. It is subject to an additional 20% fax plus interest. See the Form 1040 instructions. AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable. EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan. FTe—Permitted benefits under a qualified small employer health reimbursement arrangement GG—Income from qualified equity grants under section 83(i) HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year Box 13. If the "Retirement plan" box is

close of the calendar year **Box 13**. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, jeus (bocy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.